Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:

Nevada

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR Part 440, Subpart B 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act

Medicaid is provided in accordance with the (a) requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

> Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and 1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.
- _/ Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 92 - 5Approval Date FFR 2 1 1992 Supersedes TN No. 91-14

1/1/92 Effective Date

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:____

Nevada

Citation

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902(e)(5) of the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

∠★✓ (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10), clause (VII) of the matter following - (F) of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

Approval Date SEP 1 7 1992 TN No. Supersedes TN No.

Effective Date 10/1/92

134

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State/Territory:

Nevada

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
1902(a)(10)(D) Categorically Needy (Continued)

Of the Act

(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of the Act (vii) Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the Act

(viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1902(a)(52) and 1925 of the Act (ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.7 of this plan.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 92-21 SEP 1 7 1992 Effective Date 10/01/92
TN No. 92-05
HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)

TN No. 92-5
Supersedes Approval Date FEB 2 1 1992
TN No. 87-8

OMB No.: 0938-

Effective Date 1/1/92

| Å | UGUST 1991 | | | | | | |
|---|------------|-----------------|---|---|--|--|---|
| S | tate/Terri | tory: _ | Nevad | la | | | |
| Citation | 3.1 | Amount, 1 | Duration, | and Scope | of Servic | es (contin | ued) |
| 42 CFR Part Subpart B | 440, (a |)(2) <u>Med</u> | dically ne | eedy. | | | |
| | | The 3. | e services <u>1-B</u> are p | s described rovided. r the media | d below an | cally need in ATTAC | HMENT |
| 1902(a)(10)(of the Act 42 <i>CFR</i> 4 | | (i) | diseases/ the menta any media needy gra listed in (17) of a listed in services | ces in an and ally retard ally need oup is produced by section the Act, on are providuant A and | institution ermediate ded (or bo y group, t vided eith 1905(a)(1) r seven of 1905(a)(1) ded as def | and 440.16 on for ment care facil th) are pr then each m ter the ser through (the servi through (2 ined in 42 ons 1902, 1 | al ity for ovided to edically vices 5) and ces 0). The CFR Part |
| | | | | 02(a)(17). | e services Nurse-mi | spect to under sec dwives are in this S | not |
| 1902(e)(5) o | of | (ii) | Prenatal pregnant | | delivery s | ervices fo | r |
| | | | | | | | |

| Revision: | HCFA-PM-91-4 AUGUST 1991 | (BPD) ·· | | OMB No.: 0938- | | |
|-------------------------------------|-----------------------------|---|---|--|--|--|
| | State/Territory: | 1 | levada | | | |
| Citation | 3.1(a)(2) | | Duration, and So y Needy (Continu | | rvices: | |
| | | plann a 60- pregr month to wo for, | day period (begi ancy ends) and a | nd postpar inning on any remain oth day fa oregnant, i received | tum services for the day the ing days in the lls are provided were eligible medical | |
| | | may c | ces for any othe omplicate the pr ancy-related and ded to pregnant | regnancy (i postpart | condition that other than um services) are | |
| | | 3.1-E | atory services, , for recipients ients entitled t | under ag | | |
| | | <u></u> | | titutiona cover thos | ect to recipients l services; the e services for | |
| | | nursi | health services ng facility serv) of this plan. | to recipi vices as i | ents entitled to ndicated in item | |
| 42 CFR 440 440.150, Subpart B | | (vii)Servi disea | ces in an instit ses for individu | ution for | mental age 65 | |
| 442.441, Subpart C 1902(a)(20 | <u> </u> | | ces in an interm ity for the ment | | | |
| and (21) | of the Act $(10)(0)$ | (ix) Inp for | atient psychi individuals u | iatric s | services R. ge 21. | |
| WN No. | | 055 | | | | |
| TN No | | ate SEP | 1 7 1992 Eff | ective Da | te 10/01/92 | |

| Revision: | | A-РМ-93- 1993 | 5 (MB) | | |
|--------------------------|----|-------------------------|-----------|------|---|
| | | State: | Neva | da | |
| Citation | | | 3.1(a)(2) | | nt, Duration, and Scope of Services: cally Needy (Continued) |
| 1902(e)(9) Act | of | N/A | - | (x) | Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan. |
| 1905(a)(23 and 1929 c | • | · | | (xi) | Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment |

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

to Attachment 3.1-A.

3.1-A and Appendices A-G to Supplement 2

TN No. 93-15
Supersedes
TN No. 92-5
Approval Date AUG 2 3 1993
Effective Date 7/1/93

7

Revision: HCFA-PM-97-3 (CMSO)

| State: | Ne | vada | |
|---|-----|------------|--|
| Citation (continued) | 3.1 | Amount, Du | ration, and Scope of Services |
| | | (a) (3) | Other Required Special Groups: Oualified Medicare Beneficiaries |
| 1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act | | | Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan. |
| 1902(a)(10) (E)(ii) and of the Act | | (a)(4)(i) | Other Required Special Groups: Qualified Disabled and Working 1905(s) Individuals |
| | | | Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan. |
| 1902(a)(10) (E)(iii) and 1905(p)(3)(A)(ii) of the Act | | (ii) | Other Required Special Groups: Specified Low-Income Medicare Beneficiaries |
| | | | Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan. |
| 1902(a)(10) (E)(iv)(I)1905(p)(3) (A)(ii), and 1933 of | | (iii | Other Required Special Groups: Oualifying Individuals - 1 |
| the Act | | | Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan. |

TN No. 98-03
Supersedes Approval Date 10/5/98 Effective Date 07/01/98
TN No. 93-09 (7/1/98)

21 Continued Kt

Revision: HCFA-PM-97-3 (CSMO)

December 1997

State/Territory: _____Nevada

1902(a)(10)
(E)(iv)(II), 1905 (p)(3)
(A)(iv)(II), 1905 (p)(3)
the Act

;

(iv) Other Required Special Groups:
Oualifying Individuals - 2

The portion of the amount of increase to the Medicare part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act

(a) (5) Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 98-03Supersedes Approval Date $10^{15/98}$ Effective Date 07/01/98TN No. 92-05 (7/1/98)

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

Nevada State/Territory:

Citation

Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h) of the Immigration and Nationality Act (a)(6) Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
 - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
 - (B) Are children under 18 years of age; or
 - Are Cuban or Haitian entrants as defined in (C) section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on Apr.1 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

| TN No. 92-5 | Effective Date 1/1/92 |
|---------------------------------------|-----------------------|
| Supersedes Approval Date TN No. 87-22 | Effective bate 171792 |
| IN NO | HCFA ID: 7982E |

| | | | 2. | LD | | |
|---|------------|---------|--|--|---|---|
| Revision: | HCFA-PM-9 | | (BPD) | | OMB No.: | 0938- |
| : | State/Terr | itory:_ | Nevada | | | |
| Citation | 3.1(| a)(6) | | ation, and Scop r Certain Alien | | |
| 1902(a) and of the Act | i 1903(v) | (1) | permanen residing law who this pla receipt payment, and serv emergenc emergenc | ho are not lawf t residence or in the United meet the eligib n, except for t of AFDC, SSI, o are provided M ices necessary y medical condi y labor and del 1903(v)(3) of the | otherwise States un ility con he requir r a State edicaid o for the t tion (inc ivery) as | permanently der color of ditions under ement for supplementary nly for care reatment of an luding |
| 1905(a)(9) the Act | of | (a)(7) | Homeless In | dividuals. | | |
| | | | individuals dwelling or address are regarding t | ices furnished who do not restored to not have a provided without the site at which the site at which prenatal care for the site of the prenatal care for the site of the site | ide in a fixed hom ut restrint the ser | permanent e or mailing ctions vices are |
| 1902(a)(47) and 1920 of the Act | | (a)(8) | women is preeligibility | prenatal care for ovided during a period if the cat is eligible | presumpt care is f | ive urnished by a |
| 42 CFR 441 50 FR 4365 | | (a)(9) | EPSDT Servi | ces. | | |
| 1902(a)(43 1905(a)(4) and 1905(r the Act |), (B), | | sections 19 1905(r) of | d agency meets (02(a)(43), 1905 the Act with re- reening, diagnos vices. | (a)(4)(B) spect to | , and early and |

| TN No. 92-5 Supersedes | Approval Date | FED Will Disc | Effective Date | 1/1/92 |
|---------------------------|---------------|---------------|----------------|--------|
| TN No. N/A | | | HCFA ID: 7982E | |